					ssment Form	RESOLUTION PARTITION DESCRIPTION		
			plete a separat					
			l Airport		S Tracking No.	AKRO6AD42		
	utfall/Inflow:	LOWER DUCK C		_	/Inflow No.	1		
Person(s) C	s) Collecting Sample: Christopher A O'Brien Titl		Title:		Airfield Maintenance			
Person(s) E			Title:		Airfield Maintenance			
	le Collected;	4/27/2021			ample Examined:	4/28/2021		
	le Collected:	" (34)			ample Examined:	1509		
Substitute S					ple was originally sc			
Type of dis Rainfall	charge: l □ Snowmelt	If rainfall please spe	ecify rainfall a	nmount (in	inches):01 \	since 12AM		
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: O.14" Cainfall last L4Hfs							
			Don	ameter	OF THE RESIDENCE OF THE PERSON			
Color:	None Colored		Fai		f colored please desc	ribe:		
Odor;	None Musty		r 🗆 Sour 🗆		other please describ			
	Petroleum/Gasoline	☐ Solvents ☐ Other	r					
Oili	Oil:				If other please describe:			
Clarity:	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					e:		
Floating Solids?					f yes please describe:			
Settled Soli	Settled Solids**? ✓ Yes □ No				f yes please describe:	organic matter settles		
Suspended	Solids?		☐ Yes ☑	No If	f yes please describe:			
Foam? (ge	ntly shake sample)		☐ Yes 🗷	No If	f yes please describe:			
Other obvio	ous indicators of water po	llution?	☐ Yes 🗗	No II	yes please describe:			
* The 72-ho applicable of	our interval can be waived documentation) that less the	d when the previous s han a 72-hour interva	torm did not y I is representat	rield a meas tive of loca	surable discharge or al storm events durin	if you are able to document (attach g the sampling period.		
** Observe	for settled solids after all	owing the sample to s	sit for approxi	mately one	-half hour.			
first 30 min	ible to take samples withi utes of an actual discharg le storm water event?		No If	no please o	explain:			
Detail any onecessary).		nents, descriptions of	pictures taken	n, and any o	corrective actions tak	ten below (attach additional sheets as		
Ca-41641-	by Cociliby Decreasible C	Minial (Defer to MCCD	Annondly A C	Subsortion	4 12)			
I certify unde assure that q or those pers	qualified personnel properly of sons directly responsible for	cument and all attachme gathered and evaluated gathering the informatio	ents were prepar the information on, the information	red under m submitted. on submitte	ny direction or supervisi Based on my inquiry of d is, to the best of my k	ion in accordance with a system designed to f the person or persons who manage the system, knowledge and belief, true, accurate, and f fine and imprisonment for knowing violations.		
Name:	Patri <u>ci</u> a K. Waht	0		Title:	Airport Manag	er		
Signature:		Kululke		Date:		-2021		
	1, 0	Million						

MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
Name of Facility		Juneau Internationa			racking No.	AKRO6AD42			
Name of Outfa		UPPER DUCK CI		Outfall/In	low No.	2			
Person(s) Collecting Sample: Christopher A O'Brien			Title:		Airfield Maintenance				
Person(s) Exam		Christopher A O'Bı	rien	Title:		Airfield Maintenance			
Date Sample C		4/28/2021			ole Examined:	4/28/2021			
Time Sample C		1354			ple Examined:	1512			
Substitute Sam	ple?				was originally sched				
Type of discharge: If rainfall please specify rainfall amoun ✓ Rainfall □ Snowmelt					it (in inches): o l' l'ince ILAM				
	Previous Storm Ended > 72 hours before Start of This Storm? If no please explain*: 0 1411 Minfall 1057 24 HPS No*								
			Para	meter	A STATE OF THE STA				
Color:	✓ None □ Colored	The state of the s	1 41 6		lored please describe	e:			
_	✓ None ☐ Musty [Sewage Sulfu	r 🗆 Sour 🗀		her please describe;				
	Petroleum/Gasoline				. W				
	✓ None □ Flecks [Other If ot	her please describe:				
	E None E Treeks E Gross E Gross E Gross E Gross E Gross								
Clarity:				If ot	her please describe:				
Floating Solids?				No If ye	s please describe:				
Settled Solids*	*?		☐ Yes ☑ 1	No If ye	s please describe:				
Suspended Soli	ids?		☐ Yes 🗷 1	No If ye	s please describe:				
Foam? (gently	shake sample)		☐ Yes 🗹 1	No If ye	s please describe:				
Other obvious	indicators of water pol	llution?	☐ Yes 🗹 1	No If ye	s please describe:				
applicable docu	interval can be waived umentation) that less the settled solids after allo	nan a 72-hour interva	l is representati	ve of local s	form events during th	ou are able to document (attach ne sampling period.			
	to take samples withi			o please exp					
first 30 minutes	s of an actual discharge form water event?		T NO						
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).									
Certification by	Facility Responsible O	fficial (Refer to MSGP	Appendix A. Si	ubsection 1.1	2)				
I certify under pe assure that qualit or those persons	Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Name:	Patricia K. Wahte	0		Title;	Airport Manager				
Signature:		Kylaldo		Date:	4-29-20) 2.1			

stifu dales	A Library of the th		Quarterly V				
				for each outfall			
Name of Fac		Juneau Internationa			racking No.	AKRO6AD42	
Name of Out		UPPER DUCK CF		Outfall/In Title:	flow No.	3 Airfield Maintenance	
	llecting Sample:	Christopher A O'Bı					
	amining Sample:	Christopher A O'Bı		Title:		Airfield Maintenance	
Date Sample		4/28/1404	1		ple Examined:	1/AP/AeH	
Time Sample		1352	. ,		ple Examined:	1515	
Substitute Sa	No	If yes please specify					
Type of discl	lischarge: If rainfall please specify rainfall amount (in inches):						
	Previous Storm Ended > 72 hours Defore Start of This Storm? Yes No*						
	19/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/11/19/1		Das	ameter	200 TO 100 TO 10		
Color:	✓ None □ Colored	The state of the s	rar		olored please descr	ibe:	
Odor:	✓ None ☐ Colored		r 🖂 Sour 🗀		her please describe		
Ouoi,	Petroleum/Gasoline				1		
Oil:	✓ None ☐ Flecks			Other If of	her please describe	e:	
On	Z None - Ficeks	□ Globs □ Silecti	□ blick □	ouner			
Clarity:					her please describ	e:	
Floating Solids?					es please describe:		
Settled Solids**? ☐ Yes ☑ No					es please describe:		
Suspended S	olids?		☐ Yes ☑	No If y	es please describe:		
Foam? (gent	tly shake sample)		☐ Yes ☐	No If y	es please describe:		
Other obviou	is indicators of water po	llution?	☐ Yes 🗹		If yes please describe:		
* The 72-hou applicable do	or interval can be waived ocumentation) that less t	d when the previous s han a 72-hour interva	torm did not y l is representa	rield a measur tive of local s	able discharge or interest during	if you are able to document (attach g the sampling period.	
** Observe f	or settled solids after al	lowing the sample to	sit for approxi	mately one-h	alf hour.		
Was it possible first 30 minu	ole to take samples with tes of an actual discharge storm water event?	in the 🛮 🗹 Yes 🗀		no please exp	olain:		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Cartification	by Escility Poenoneible (Official (Refer to MCCE	Annendiy A	Subsection 1	12)	State of the state	
I certify under assure that query those person	Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						
Name:	Patricia K. Wah	to		Title:	Airport Manag	er	
Signature:	Lahin	Kulalito		Date:	4-20	7-2021	

MSGP Quarterly Visual Assessment Form								
			plete a separa					
Name of Fac		Juneau Internationa			Tracking No.	AKRO6AD42		
Name of Out		TERMINAL ARE			Inflow No.	6		
Person(s) Co	and the second state of th		Title:		Airfield Maintenance			
	amining Sample:	Christopher A O'B		Title:		Airfield Maintenance		
Date Sample		41781409			mple Examined:	4/28/0021		
Time Sample		1405	. ,		ample Examined:	1517		
Substitute Sa	No				ole was originally sch			
Type of discharge: If rainfall please specify rainfall amo ☐ Rainfall ☐ Snowmelt					mount (in inches): o & 11 Sin (x 12Am			
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No* If no please explain*: 14 14 14 14 14 14 14 14 14 14 14 14 14 1							
	May hearly 2 and 42 dy ax	and the second section	Do	ua matan	and service in the	U.S. D. P. ANDERSON ST. DESCRIPTION OF THE PROPERTY OF THE PRO		
Color:	☐ None ☑ Colored		Pa	rameter If	colored please descr	ibe: light Stlaw color		
Odor:	✓ None ✓ Colored ✓ None ✓ Musty		r 🗆 Sour 🗆		other please describe			
Odor.	Petroleum/Gasoline	_		' '`	omer preuse account	70		
Oil:	✓ None □ Flecks			Other If	other please describe	2		
Oii.	None in the state of	- Glova - Slicen	□ onex □	Other				
Clarity: ☑ Clear □ Slightly Cloudy □ Cloudy □ Opaque □ Other					other please describe	e:		
Floating Solids?					yes please describe:			
Settled Solids**? ☑ Yes □ No				No If	yes please describe:	organic material settlet		
Suspended S	olids?		☐ Yes 🗹		yes please describe:			
Foam? (gent	ly shake sample)		☐ Yes 🛭	No If	yes please describe:			
Other obviou	s indicators of water po	llution?	☐ Yes 🗹	No If	yes please describe:			
applicable do	cumentation) that less the	han a 72-hour interva	l is representa	tive of loca	l storm events during	f you are able to document (attach g the sampling period.		
	or settled solids after all							
first 30 minu	te to take samples withites of an actual discharg storm water event?		l No	'no please e	xpiain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Cartification	w Facility Reenoneible C	Official (Refer to MSGD	Annendiy A	Subsection	1 12)	REAL PROPERTY OF THE PARTY OF T		
I certify under assure that quarthose perso	Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name:	Patricia K. Waht	0		Title:	Airport Manage	er		
Signature:	tahi t	Kulalito		Date:	4-29			

LOSS IN LABOR		MSGP	Quarterly V	isual Assess	sment Form			
		Comp	lete a separat					
Name of Faci	ility:	Juneau International	Airport	NPDES	Tracking No.	AKRO6AD42		
Name of Out		TWY E-F INFIELI	WEST	Outfall/I	nflow No.	7		
Person(s) Co	llecting Sample:	Christopher A O'Bri	en	Title:		Airfield Maintenance		
Person(s) Exa	on(s) Examining Sample: Christopher A O'Brien		Title:		Airfield Maintenance			
Date Sample					nple Examined;			
Time Sample	Collected:				mple Examined;			
Substitute Sa		If yes please specify	quarter/year	when sampl	e was originally scheo	duled to be taken:		
	Type of displarge: If rainfall please specify rainfall amount (in inches):							
	Previous Storm Ender 72 hours before Start of this Storm? If no please explain*: No*							
- 11 - 3 l - 3 l - 12 l			Day	ameter	oee A comment grant			
Color:	□ None □ Colored	1	rar		colored please describ	e:		
Odor:			□ Sour □		other please describe:			
	□ None □ Musty □ Sewage □ Sulfur □ Sour □ Petroleum/Gasoline □ Solver □ Other							
Oil:	□ None □ Flecks	☐ Globs ☐ Sheen	i Si k □	Other If o	If other please describe:			
Clarity:	Clarity:							
Floating Soli	ds?		10 100	yes please describe:				
Settled Solids**? ☐ Yes ☐ No					yes please describe:			
Suspended So	olids?		□ Yes □	No If	ye ple se describe:			
Foam? (gent	ly shake sample)		□ Yes 🖎	No If	If yes please describe:			
Other obviou	is indicators of water po	ollution?	□ Yes □	No If	c plea c describe:			
* The 72-hou applicable do	or interval can be waive ocumentation) that less	d when the previous sto than a 72-hour interval	orm did not y is representa	rield a measu tive of local	urable discharge or if storm events during t	you are able to document (attach he sampling period.		
** Observe for	or settled solids after al	lowing the sample to si	t for approxi	mately one-l	half hour.			
first 30 minut	ole to take samples with tes of an actual dischargestorm water event?		No If	no please ex	xplain:			
						1/		
Detail any co necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
		0/0 / 1/0 / 1000	A.S. Santa	N. h. n. r. 41 4	401			
I certify under passure that qua	alified personnel properly	cument and all attachmer gathered and evaluated t	nts were prepa he information n, the informati	red under my submitted. B on submitted	direction or supervision ased on my inquiry of this, to the best of my kno	in accordance with a system designed to e person or persons who manage the system, whedge and belief, true, accurate, and he and imprisonment for knowing violations.		
Name:	Patricia K. Wah	to a		Title:	Airport Manager			
Signature:	i auroia K. Wali	- Kylate		Date:	4-29-28	2'		
		7211						

MSGP Quarterly Visual Assessment Form									
	Complete a separate form for each outfall								
Name of Fac	cility:	Juneau Internationa	l Airport	NPDES	S Tracking No.	AKRO6AD42			
Name of Ou	tfall/Inflow:	TWY E INFIELD	EAST	Outfall	/Inflow No.	8			
Person(s) Co	ollecting Sample:	Christopher A O'Bı	rien	Title:		Airfield Maintenance			
Person(s) Ex	xamining Sample:	Christopher O'Brie	n	Title:		Airfield Maintenance			
	e Collected:	<u> </u>		Date Sa	ample Examined:				
	le Collected:			Time S	ample Examined:				
Substitute S ☐ Yes ☐		If yes please specify	y quarter/yea	ar when sam	ole was originally sc	heduled to be taken:			
Type of discharge:									
	Previous Storm Ended > 72 nou's before Start of This Storm? ☐ Yes ☐ No*								
		1-							
	V		P	arameter	TO SUPPLY STATE				
Color:	☐ None ☐ Colored		,	It	colored please desc	ribe:			
Odor:	☐ None ☐ Musty Petroleum/Gasoline ☐				other please describ	e:			
Oil:					If other please describe:				
Clarity:	Clarity:				other please describ	pe;			
Floating Sol	lids?		☐ Yes □	J No Can	yes please describe				
Settled Solid			☐ Yes ☐		please describe				
Suspended S			☐ Yes ☐		yer please describe				
	ntly shake sample)		☐ Yes ☐		ses please describe				
	us indicators of water po	Mution?	☐ Yes ☐		yes please describe				
* The 72-ho		d when the previous s	torm did not	t yield a mea	surable disquarge or	if you are able to document (attach			
** Observe	for settled solids after al	lowing the sample to s	sit for appro	ximately one	-half hour	76			
first 30 min	ble to take samples with utes of an actual discharg e storm water event?		l No	If no please explain:					
Detail any c necessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
			112 11 11 11 11 11 11 11 11 11 11 11 11	AVA # \$50.00 (1/25)	4.40)				
Certification	by Facility Responsible (Official (Refer to MSGP	Appendix A	, Subsection	1.12)				
assure that query	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.								
Name:	Patricia K. Wah	to		Title:	Airport Manag	ger			
Signature:	Dhist	Malex		Date:	4-29	- 20 21			

MSGP Quarterly Visual Assessment Form								
					m for each outfall			
Name of Fac		Juneau Internationa			Tracking No.	AKRO6AD42		
Name of Ou				Outfall/Ir Title:	illow No.	9 Airfield Maintenance		
` '	llecting Sample:	Christopher A O'Bı						
	amining Sample:	Christopher A O'Bı		Title:		Airfield Maintenance		
Date Sample		4/28/2021			ple Examined:	4/28/2021		
Time Sample		1412			nple Examined:	1521		
Substitute Sa		If yes please specify						
Type of disc Rainfall	harge: Snowmelt	If rainfall please spo				ainfall stace 12Am		
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No* If no please explain*: 0.14 11 14 14 14 14 14 14 14 14 14 14 14 1								
7 - 5 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			Por	ameter	Note the second			
Color:	☐ None ☑ Colored		141		olored please descri	ibe: litutstrau		
Odor:	□ None □ Musty □	☐ Sewage ☐ Sulfu	r 🗋 Sour 🗆		ther please describe			
	Petroleum/Gasoline				•			
Oil:	✓ None □ Flecks			Other If o	or If other please describe:			
O.M	Tronc E Trocks	_ 0.000 _ 5.000	_ 5.1.01					
Clarity:					ther please describe	2:		
Floating Solids?					es please describe:			
Settled Solids**? ☐ Yes ☑ No					es please describe:			
Suspended S	olids?		☐ Yes 🗹	No If y	es please describe:			
Foam? (gen	tly shake sample)		✓ Yes □	No If y	es please describe:	formy bubbles present		
Other obviou	us indicators of water po	llution?	☐ Yes Ø		es please describe:			
* The 72-hor applicable do	ur interval can be waived ocumentation) that less the	l when the previous s han a 72-hour interva	torm did not y l is representat	ield a measu ive of local	rable discharge or i storm events during	f you are able to document (attach the sampling period.		
	for settled solids after all							
first 30 minu	ble to take samples withing tes of an actual discharge storm water event?		l No If	no please ex	plain:), and the state of the state o		
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).								
Cardiffeette	hy Facility Dans ibl. C	Minial (Potorto MCC)	Annondly A C	ubecation 4	12)			
I certify under assure that query those person	Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name:	Patricia K. Waht	0		Title:	Airport Manage	er		
Signature:	Pahis	Kulaste)	Date:	4-29-			

MSGP Quarterly Visual Assessment Form								
	Complete a separate form for each outfall							
Name of Fac	ility:	Juneau Internationa			acking No.	AKRO6AD42		
Name of Ou		TWY G CULVER		Outfall/Inf	low No.	10		
Person(s) Co	ollecting Sample:	Christopher A O'Bı	rien	Title:		Airfield Maintenance		
Person(s) Ex	amining Sample:	Christopher A O'Bı	rien	Title:		Airfield Maintenance		
Date Sample		4/28/2021			ole Examined:	1/92/2911		
Time Sample		1418			ple Examined:	1522		
Substitute Sa		If yes please specify						
Type of disc Rainfall	harge: □ Snowmelt	If rainfall please spo	ecify rainfall a	mount (in inc	hes): <u> O. L.</u> Tain	fail Sink IRAM		
	rm Ended > 72 hours of This Storm? ☐ Yes	If no please explain	*: 0.14 "	19+241	irs			
E 110								
		راد واروب شطال الا	Para	ameter				
Color:	✓ None □ Colored			If co	lored please describ	e:		
Odor:	✓ Nonc ☐ Musty Petroleum/Gasoline ☐			If oth	ner please describe:			
Oil:	✓ None □ Flecks □ Globs □ Sheen □ Slick □ Other			Other If oth	If other please describe:			
Clarity:	Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				ner please describe:			
Floating Sol	Floating Solids?			No If ye	s please describe:			
Settled Solid	ls**?		☐ Yes 🗹		s please describe:			
Suspended S	Solids?		☐ Yes 🗹	No If ye	s please describe:			
Foam? (gen	tly shake sample)		☐ Yes ☑	No If ye	s please describe:			
Other obviou	us indicators of water po	llution?	☐ Yes 🗹	No If ye	s please describe;			
* The 72-ho applicable d	ur interval can be waived ocumentation) that less t	d when the previous s han a 72-hour interva	torm did not yi l is representat	eld a measura	able discharge or if y form events during t	you are able to document (attach he sampling period.		
** Observe	for settled solids after all	lowing the sample to:	sit for approxir	nately one-ha	lf hour.			
Was it possi first 30 minu	ble to take samples with ites of an actual discharge e storm water event?	in the 🛮 🗷 Yes 🗆		no please exp	lain:	ži.		
Detail any conecessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
					2)	NO INTERNATION STATES		
Certification	by Facility Responsible (Official (Refer to MSGF	Appendix A, S	ubsection 1.1	2)	in appardance with a system designed to		
assure that qu	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name:	Patricia K. Wah	to		Title:	Airport Manager			
Signature:	Ladris	Kulcelite		Date:	4-29-20	12/		

- v =	Bellin Waghing	MSGP	Quarterly Vis	ual Assessm	ent Form		
		Comp	plete a separate	form for eac	h outfall		
Name of Fa	acility:	Juneau Internationa	l Airport	NPDES Tr		AKRO6AD42	
Name of O	utfall/Inflow:	TWY D-E INFIEL	D DRNAGE	Outfall/Inf	low No.	12	
Person(s) (Collecting Sample:	Christopher A O'Br	rien	Title		Airfield Maintenance	
Person(s) E	Examining Sample:	ning Sample: Christopher A O'Brien Title		Title:		Airfield Maintenance	
Date Samp	le Collected:	4/28/200	.}		le Examined:	1/28/3011	
Time Samp	ole Collected:	1439			ole Examined:	1525	
Substitute S ☐ Yes ☐		If yes please specify					
Type of discharge: If rainfall please specify rainfall amount (in inches):o \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						rce 124m	
	Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☑ No* If no please explain*: ○ . 1 4 11 145 → 4 H → 14 → 14 → 14 → 14 → 14 → 14 → 1						
	THE WARREST OF STREET		Dove	meter			
Color:	✓ None □ Colored		гага		lored please describ	he:	
Odor:	□ None ☑ Musty		r 🗆 Sour 🗖		ner please describe:		
Odor,	Petroleum/Gasoline			1100	ioi pieuse deserioe.		
Oil:				other If oth	If other please describe:		
Oil: Z None - Flecks - Globs - Sheen - Slick - Other				1101	F		
Clarity:				If oth	ner please describe		
Floating Solids?			No If ye	s please describe:			
Settled Sol	ids**?		☐ Yes ☑ N	No If ye	s please describe:		
Suspended	Solids?		☐ Yes ☑ N		s please describe:		
Foam? (ge	ntly shake sample)		✓ Yes □ N	No If ye	s please describe:	formy bubbles present	
Other obvi	ous indicators of water po	llution?	☐ Yes 🗹 N		s please describe:		
* The 72-h applicable	our interval can be waived documentation) that less t	d when the previous s han a 72-hour interva	torm did not yie l is representati	eld a measura	able discharge or if orm events during	you are able to document (attach the sampling period.	
	for settled solids after all						
first 30 mir	sible to take samples with nutes of an actual discharg le storm water event?		No If n	o please exp	lain:		
Detail any necessary).		ments, descriptions of	pictures taken,	and any corr	ective actions take	n below (attach additional sheets as	
Certification	n by Facility Responsible (Official (Refer to MSGP	Appendix A, Su	ubsection 1.1	2)		
assure that or those per	qualified personnel properly gons directly responsible for	gathered and evaluated gathering the information	the information s on, the information	ubmitted. Bas n submitted is,	ed on my inquiry of the to the best of my kn	n in accordance with a system designed to he person or persons who manage the system, owledge and belief, true, accurate, and ine and imprisonment for knowing violations.	
Name:	Patricia K. Waht	to		Title:	Airport Manager		
Signature:	(1)	Kululisha		Date:	4-29-2		

Terror and					essment Form			
					for each outfall			
Name of Fac		Juneau International			ES Tracking No.	AKRO6AD42		
Name of Out		NW DEVELOP All Christopher A O'Br		Title:	I/Inflow No.	14 Airfield Maintenance		
	ollecting Sample:							
	amining Sample:	Christopher A O'Br		Title:		Airfield Maintenance		
Date Sample		4/28/3021			Sample Examined:	4/28/2.21		
Time Sample		1446	. ,		Sample Examined:	1527		
Substitute Sa					nple was originally sc			
Type of discharge: If rainfall please specify rainfall amount (in inches):						Tuee 12Am		
	Previous Storm Ended > 72 hours before Start of This Storm? Yes No*							
			Do	rameter	SERVICE STATE OF THE SERVICE S	NOT SUPPLY DESCRIPTION OF THE PROPERTY OF THE		
Color:	✓ None □ Colored		ra		If colored please desc	ribe:		
Odor:	□ None □ Colored		r 🗆 Sour 🖟		If other please describ			
Ouor.	Petroleum/Gasoline				ii ottier piedse deserie			
Oil				Other	If other please describ	pe:		
Oil.	Oil: ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other					If the please desertee.		
Clarity: ☐ Clear ☑ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other					If other please describ			
Floating Solids?					If yes please describe			
Settled Solids**? □ Yes ☑ No					If yes please describe			
Suspended S	Solids?		☐ Yes Z	No	If yes please describe			
Foam? (gen	tly shake sample)		☐ Yes 🗹	No	If yes please describe			
Other obviou	us indicators of water po	llution?	☐ Yes 🛭	No	If yes please describe:			
applicable de	ocumentation) that less t	han a 72-hour interval	l is representa	ative of lo	cal storm events durin	if you are able to document (attach g the sampling period,		
	for settled solids after all							
first 30 minu	ble to take samples withintes of an actual discharge storm water event?		No II	f no please	ехріаіп:			
Detail any conecessary).	Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Certification	by Facility Responsible (Official (Refer to MSGP	Appendix A.	Subsectio	n 1.12)			
I certify under assure that query those person	Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name:	Patricia K. Waht	· 0		Title:	Airport Manag	ger		
Signature:		Kulatto		Date:				

MSGP Quarterly Visual Assessment Form							
	Comp	olete a separate					
Name of Facility:	Juneau International	Airport	NPDES Tr		AKRO6AD42		
Name of Outfall/Inflow:	POND DISCHARO		Outfall/Inf	low No.	16		
Person(s) Collecting Sample:	son(s) Collecting Sample: Christopher A O'Brien Titl		Title:		Airfield Maintenance		
Person(s) Examining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance		
Date Sample Collected:	140618616			le Examined:	4/28/2021		
Time Sample Collected:	1449			ole Examined:	15 30		
Substitute Sample? ☐ Yes ☑ No	If yes please specify				€		
Type of discharge: ✓ Rainfall □ Snowmelt	If rainfall please spe	cify rainfall an	nount (in incl	nes): <u>0 · 0 h</u> '	ne litin		
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No*	before Start of This Storm? Yes						
	W			Desired Heat of the same			
Color: ☑ None ☐ Colored		Para	meter	ored please describe	e.		
	7.0			er please describe:	·		
Odor: None Musty Detroleum/Gasoline	_			•			
Oil: ✓ None ☐ Flecks [✓ None □ Flecks □ Globs □ Sheen □ Slick □ Other			If other please describe:			
Clarity: ☐ Clear Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				ner please describe:			
Floating Solids?				s please describe:			
Settled Solids**?		☐ Yes ☑ ì	-	s please describe:			
Suspended Solids?		☐ Yes ☑ 1	No If ye	s please describe:			
Foam? (gently shake sample)		□ Yes 🗹 ì	No If ye	s please describe:			
Other obvious indicators of water pol		☐ Yes ☑ ì		s please describe:			
* The 72-hour interval can be waived applicable documentation) that less the	when the previous st nan a 72-hour interval	orm did not yie is representati	eld a measura ve of local st	ble discharge or if y orm events during the	you are able to document (attach he sampling period.		
** Observe for settled solids after alle	owing the sample to s	it for approxim	nately one-ha	lf hour.			
Was it possible to take samples within first 30 minutes of an actual discharge a measurable storm water event?		No If n	o please exp	ain:			
Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).							
Certification by Facility Responsible O	fficial (Refer to MSGP	Appendix A, St	ubsection 1.1	2)	the sountaine decigned to		
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name: Patricia K. Waht	0		Title:	Airport Manager			
Signature:	Kulaette	i	Date:	4-29-2	027		

			Quarterly Vis				
		Com	plete a separate	form for eac	ch outfall		
Name of Facility: Juneau International Airport		l Airport	NPDES T	racking No.	AKRO6AD42		
Name of Or	utfall/Inflow:	JORDAN CRK CU	J LVRT OUT	Outfall/In	flow No.	11	
Person(s) C	Collecting Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance	
Person(s) E	Person(s) Examining Sample: Christopher A O'Brien		Title:		Airfield Maintenance		
, , ,	le Collected:	4/28/200		Date Sam	ple Examined:		
	ole Collected:				ple Examined:		
Substitute S		If yes please specify	/ quarter/year w	hen sample	was originally sch	neduled to be taken:	
Type of dis ☐ Rainfall	charge:	If rainfall please spo	ecify rainfall am	nount (in inches):			
	Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes No* If no please explain*.						
Calam			Para	meter	lored please descr	ihe	
Color:	□ None □ Colored				her please describe		
Odor:	□ None □ Musty □ Petroleum/Gasoline □	Solvents Other	r		1		
Oil:	Oil: ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Oth			other If ot	If other please describe:		
Clarity:	Clarity: ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				her please describe		
Floating Solids?					es please describe:		
Settled Soli	ids**?		☐ Yes ☐ N	lo If ye	s please describe:		
Suspended	Solids?		☐ Yes ☐ N	lo If ye	s please describe:		
	ntly shake sample)		☐ Yes ☐ N	lo If ye	es please describe:		
Other obvio	ous indicators of water po	llution?	☐ Yes ☐ N	lo If ye	s please describe:		
* The 72-ho	our interval can be waived documentation) that less t	when the previous s	torm did not yie	eld a measur ve of local s	able discharge or i torm events during	if you are able to document (attach g the sampling period.	
** Observe	for settled solids after all	owing the sample to s	sit for approxim	ately one-ha	alf hour.		
Was it poss first 30 min	sible to take samples within nutes of an actual dischargule storm water event?	in the		o please exp	olain:		
Detail any onecessary).			pictures taken,	and any cor	ment Sample	en below (attach additional sheets as	
Cartification	n by Facility Responsible C	Official (Refer to MSCD	Annendiy A Su	hsection 1.1	2)		
I certify under assure that or those pers	er penalty of law that this doc qualified personnel properly sons directly responsible for	cument and all attachme gathered and evaluated gathering the information	ents were prepare the information s on, the information	d under my dubmitted, Bas submitted is	lirection or supervisionsed on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system, mowledge and belief, true, accurate, and fine and imprisonment for knowing violations.	
Name:	Patricia K. Waht	50		Title:	Airport Manag	er	
Signature:	(1)	Kulatolo		Date:		9-20-21	
	100	1 11166 01-10			1 1		

MSGP Quarterly Visual Assessment Form										
		Com	plete a separate							
Name of Facil	lity:	Juneau Internationa	Airport		racking No.	AKRO6AD42				
Name of Outfall/Inflow:		RWY TRENCH D	RAIN OUTL	Outfall/Int	flow No.	13				
Person(s) Collecting Sample:		Christopher A O'Br	rien	Title:		Airfield Maintenance				
Person(s) Exa	mining Sample:	Christopher A O'Br	ien	Title:		Airfield Maintenance				
Date Sample		14/28/2	v2/		ole Examined:					
Time Sample Collected:					ple Examined:					
Substitute Sample? ☐ Yes ☐ No		If yes please specify quarter/year when sample was originally scheduled to be taken:								
Type of discharge: ☐ Rainfall ☐ Snowmelt		If rainfall please specify rainfall amount (in inches):								
Previous Stori										
Parameter										
Color:	☐ None ☐ Colored				If colored please describe:					
Odor:		None □ Musty □ Sewage □ Sulfur □ Sour □ etroleum/Gasoline □ Solvents □ Other			If other please describe:					
Oil:	□ None □ Flecks	ne			If other please describe:					
Clarity:	☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If other please describe:					
Floating Solid	ls?		☐ Yes ☐ N	Io If ye	If yes please describe:					
Settled Solids	**?	<u>خ</u>	☐ Yes ☐ N	Io If ye	If yes please describe:					
			☐ Yes ☐ N	lo If ye	If yes please describe:					
Foam? (gentl	y shake sample)	/	☐ Yes ☐ N	Jo If ye	If yes please describe:					
Other obvious indicators of water pollution?					If yes please describe:					
* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.										
** Observe fo	or settled solids after all	owing the sample to s	sit for approxim	ately one-ha	ılf hour.					
** Observe for settled solids after allowing the sample to sit for approximately one-half hour. Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? If no please explain:										
Detail any cor necessary).		nents, descriptions of f to Law	pictures taken,	and any cor	rective actions take	en below (attach additional sheets as				
Cortification	v Escility Deeneneible (Official (Refer to MSCD	Annendiy A Su	bsection 1.1	2)					
Certification by Facility Responsible Official (Refer to MSGP Appendix A, Subsection 1.12) I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.										
Name:	Patricia K. Waht	0	Title:	Airport Manager						
Signature:	Patri	Partner Kyalusato		Date:	4-29-2	20-21				

1, 20, - 17, 5	- , IS TO THE !! THE !!		Quarterly Vis					
			olete a separate	form for eac	h outfall			
Name of Facili	ity:	Juneau International	l Airport	NPDES Tr		AKRO6AD42		
Name of Outfall/Inflow:		POND PKG AREA OUTLET		Outfall/Inflow No.		15		
Person(s) Collecting Sample:		Christopher A O'Brien		Title:		Airfield Maintenance		
Person(s) Examining Sample:		Christopher A O'Brien		Title:		Airfield Maintenance		
Date Sample		1/29/302/		Date Sample Examined:				
	Time Sample Collected:		1442		Time Sample Examined:			
Substitute Sample? ☐ Yes ☐ No		If yes please specify quarter/year when sample was originally scheduled to be taken:						
Type of discharge: ☐ Rainfall ☐ Snowmelt		If rainfall please specify rainfall amount (in inches):						
Previous Storm Ended > 72 hours before Start of This Storm? ☐ Yes ☐ No*								
CONTRACTOR OF THE PARTY OF THE			and some in the con-					
Color:	□ None □ Colored	Miles (18)	meter If col	If colored please describe:				
					If other please describe:			
	□ None □ Musty □ Sewage □ Sulfur □ Sour □ Petroleum/Gasoline □ Solvents □ Other							
Oil:	□ None □ Flecks □	None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other				If other please describe:		
	☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other				If other please describe:			
Floating Solids?					If yes please describe:			
Settled Solids*	**?	and the same of th	☐ Yes ☐ N		If yes please describe:			
Suspended Solids?			☐ Yes ☐ N	No If yes please describe:				
Foam? (gently shake sample)			☐ Yes ☐ N					
Other obvious indicators of water pollution?					If yes please describe:			
* The 72-hour applicable doc	interval can be waived cumentation) that less t	when the previous st han a 72-hour interval	torm did not yie l is representati	eld a measura	ble discharge or i orm events during	f you are able to document (attach g the sampling period.		
** Observe for	r settled solids after all	owing the sample to s	sit for approxim	ately one-ha	lf hour.			
** Observe for settled solids after allowing the sample to sit for approximately one-half hour. Was it possible to take samples within the first 30 minutes of an actual discharge from a measurable storm water event? If no please explain:								
D . "	1.42			and our	nativa actions tol-	en helow (attach additional cheets as		
Detail any con necessary).		nents, descriptions of			ective actions take	en below (attach additional sheets as		
				•				
Certification by	y Facility Responsible C	Official (Refer to MSGP	Appendix A, Sı	ubsection 1.1	2)	- La secondana with a custom designed to		
assure that qual	lified personnel properly of directly responsible for	gathered and evaluated gathering the informatio	the information s	submitted. Bas n submitted is,	ed on my inquiry of to the best of my k	on in accordance with a system designed to the person or persons who manage the system, nowledge and belief, true, accurate, and fine and imprisonment for knowing violations.		
Name:	Patricia K. Waht	0		Title:	Airport Manage	er		
Signature:		Kululbe		Date:		7-204		
	1 Coffee	Much						